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ABSTRACT

The extent and degree of student alcohol and drug involvement--and possible factors relating to the involvement--were examined in a study of 1,503 Nebraska high school students in 6 small rural schools and in 1 larger school (949 students) located in a medium-sized trade center. The survey was undertaken as a needs assessment in preparation for a federal grant proposal targeted at substance abuse, but it also appeared to have relevance for the school curriculum. The questionnaire included 45 items and 3 identifying questions relating to psychological states, family and peer relationships, general adjustment, and worry areas. Results showed that of the 1,485 students who reported on their drinking behavior, 59% said they drank. Of these, 25% consumed over seven drinks weekly. Of the 1,448 students who responded to the question about drugs, 10.5% professed use (22% of these said they used on a daily basis). Much variation appeared between sites, with the biggest percentage of drinkers and drug users in the largest school (67% and 14.9% respectively). In all seven sites, inability to control oneself and one's life demands, family finances, pressure, depression, and hopelessness were among the reasons cited for substance abuse. Twenty-six pages of tables are included. (JMM)

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SURVEY OF RURAL NEBRASKA YOUTH CONCERNS

December, 1987

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SOUTH CENTRAL
COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER
3810 CENTRAL AVENUE
KEARNEY, NE. 68847

ED289660

To: Administrators of Surveyed Schools
Re: Spring 1987 Student Survey

Attached are the results of the survey done on area schools. In addition to the data for your school you will find comparable data for the other schools who participated. In all, there were six small schools and one large one.

The report format consists of data for the total survey. Certain reports then break out the data by individual schools.

Since you may not wish to have the data for your school known, the participating schools are not identified.

The number of your school is _____.

Again I want to thank you for working with us on this project. The results showed the survey instrument to be highly reliable and may well serve as a means of evaluating the effectiveness of programs such as "Quest" or "Ombudsman".

Sincerely Yours,

Julius Cohen

Julius Cohen, Ph.D
Executive Director

U.S. DEPARTMENT OF EDUCATION
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Paper presented at the Annual Meeting of the Working with Families Conference (7th, Manhattan, KS, November 3-5, 1987).

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Report of High School Survey Spring 1987

Survey questionnaires were completed by 1503 High School students in six rural schools and one located in a medium sized trade center. The intent of the survey was to determine the extent and degree of student alcohol and drug involvement and some of the factors to which that involvement might be related.

The survey was undertaken as a need assessment in preparation for a federal grant proposal targeted at substance abuse but also appeared to have relevance for school curriculum as well. For example, a key question was what socio-emotional problems were students having that might interfer with their learning and overall personal-social adaptation?

This report summarizes the results for the overall survey population and also provides specific data for the individual survey sites. Thus administrators may make comparisons of their students with those in other schools as well as with the total group studied.

The Survey Questionnaire

The survey questionnaire, shown on Page 2, was developed a priori out of the extensive clinical experience of the author. Among the variables studied were those related to psychological states, family and peer relationships, general adjustment, and areas on which students tended to focus their worries. In all, there were 45 items in addition to three identifying questions. To assure economy of response and ease of processing, no item exceeded a single character.

Several types of scales were used. Fourteen items consisted of an Osgood type semantic differential scale consisting of two polarities of an assumed unidimential concept. Students were asked to rate themselves from one to seven depending on the polarity to which they were closest.

A second group of six items related to general life adaptation also called for ratings on a seven point scale.

A third group of questions asked about involvement with substances and the extent of use. These items were imbedded in the center of the questionnaire to diminish defensiveness. The assumption was made that after students had responded to less emotionally charged items, they would be more frank about substance use.

Next, the questionnaire contained six items dealing with family peer and school related subjects, rated also on a seven point scale. For these items the choices asked for the respondents'

feelings on a dimension from down to up.

The last section consisted of thirteen items with respondents being asked to circle those about which they felt troubled.

The questionnaires were completed anonymously with students given the option of not participating. Completion of the 48 total items, was expected to require no more than five minutes.

How the Data was Compiled and Processed

All questionnaires were sent to the Department of Psychology at the University of Nebraska where the data was entered into the University's mainframe computer. The data was then subjected to a variety of routines from the Statistical Package for the Social Sciences (SPSSx). Both descriptive and multivariate techniques were employed to profile and reduce the data.

The Nature of the Sample

Page 1. shows the demographic characteristics of the sample. The number of rural subjects by schools ranged from 54 to 111 for a total of 554 students. The largest number of students came from the trade center totaling 949. Males and females were equally divided. Class representation was about equal from freshman to seniors with seniors slightly under-represented. Juniors constituted the most numerous subjects with 27% while seniors comprised 22%. In age, the group comprised a near perfect normal curve with a mean age of 16.2 years, a skew of -.03 and a kurtosis of -.28.

Quality of the Data

A major concern in the analysis was whether the rural and trade center data could be combined. At issue was whether the subjects constituted an essentially similar population or were distinctly unique and, therefore, in need of separate analysis. In some respects marked differences occured. This was true with regard to involvement with substances, involvement being much greater in the trade center school than in the rural ones. In other respects, however, the results showed a remarkable similarity across schools and across subsamples designed to test the variance and covariance between variables. Accordingly, it was decided to combine the data for purposes of analysis and the development of normative data that could be used for comparative purposes.

RESULTS

Self Reported Drinking Behavior

Of the 1,485 students who reported on their drinking behavior,

59% said they drank. In addition, of the 1,448 students who responded to the questions about drugs, 10.8% professed to use. However, 55 declined to answer suggesting a reluctance to either lie or give sensitive information. If in fact these 55 were users, they would comprise an additional 3.7% for a total of 14.5% involved with drugs.

Of the 884 students who admitted to drinking 50% said they consumed no more than two drinks weekly. Another 25% consumed from 3 to 6 drinks leaving 25% who said they had 7 or more drinks in any one week. Of this number 16% consumed over 10 drinks. Those consuming seven or more drinks constituted 15% of the total sample and may well be a vulnerable group for the development of addiction.

Much variation appeared between sites. (See Page 5). Alcohol usage in the largest school of 949 students stood at 67% while averaging 46% for the small schools. The difference constituted a ratio of 1.5:1. However, even amoung the small schools variations appeared ranging from 32% to 57%. The amount consumed per week per user also varied greatly ranging from 1.77 drinks on average to 7.17.

Drug taking appeared to be a problem for 4.5% of the population who indicated they used on a weekly basis or more. In all, 58 students admitted being involved. As with alcohol, the biggest percentage of users was in the largest school (14.9%) while use in the smaller schools ranged from 1.9% to 5.8%.

Some explanation for both alcohol and drug use was sought in the correlations associated with each. Correlates of drinking are shown on Page 5. A number of correlations were obtained at the .01 level of significance. However, all correlations appeared low in magnitude and collectively explained no more than 15% of drinking behavior. The most notable items and their Pearson correlates were: Hopeless (.24), Passive (.21), Divided (.21), Suffering (.19) and Sour (.19).

The Semantic Differential Scale

Items 1-14 constitute the scale. Please refer to Pages 7-10 of the statistical data for specific data. When the fourteen items were combined into a single scale and subjected to a Cronbach Test of Internal Consistency Reliability, an Alpha of .91 was obtained suggesting that respondents took the questionnaire seriously.

Two factors were derived using a verimax rotation. Factor I consisting of tense, unhappy, frustrated, isolated, suffering, unsure, confused, down, and divided produced an Alpha of .91 and had a mean Pearson intercorrelation of .53. Factor II which consisted of fearful, weak, hopeless, passive, and sour produced

an Alpha reliability coefficient of .75 and had a mean Pearson intercorrelation of .37. An examination of each factor suggested that the first described a depressive condition characterized by generalized dysphoria, discontent and agitation. These respondents appeared to be struggling with much personal discomfort and pain against a depressive state. The second factor conveys less of a personal struggle and more of a state of resignation, dispair, and a retreat into helplessness.

Among the specific items, the top five viewed as problem areas were tension, frustration, confusion, isolation, and unhappiness. In ranking themselves, 49% ranked themselves at 4 or less with regard to tension. Percentages for the other items at level four or less were frustrated, 43%; confused, 36%; isolated, 33%; unhappy 33%.

A review of Page 10 showed no remarkable deviations between sites. Scale means and standard deviations are remarkably similar highlighting the stability of the scale. The scale index represents the ratings given against the total possible ratings.

General Life Adjustment Scale

The GLAS consists of six items (15-20) dealing with life management, internal state management, physical status, self disclosure competence, self esteem, and the ability to relax and enjoy oneself. (see pages 11-13 of the statistical report.)

As a cluster the scale produced an Cronbach Alpha of .75. All items loaded at .54 or higher on a Vermimax Factor Rotation with the exception of item 20 dealing with Having Fun. With item 20 removed the reliability Alpha rose to .80. For the first five items the mean Pearson intercorrelation was .39. Clearly item 20 did not belong in the scale. The mean for this item was much higher than for the other scale and items suggested that having fun depended on alcohol ingestion thus distorting the meaning of the item as a measure as one associated with an ability to enjoy leisure and let go of tension.

The most significant correlations were between Life Management and Internal Self Management (.63), Life Management and Self Esteem (.51), and Internal Self Management and Self Esteem (.50). Self Esteem, therefore, appeared to rest on the perception of being in control of oneself and one's life demands. The ability to deal with thoughts and feelings by sharing them with others, however, appeared to be a problem for many students. Forty seven percent rated themselves at 4 or less on this item. Even so most students seemed to view their general adaption to be at relatively high levels with 70% to 75% rating themselves at 5 or more on all the items in the scale. Notable differences between sites were not observed.

Scale data lends itself to a defendable conclusion that from 7% to 12% do not see themselves as doing particularly well with their lives and are probably living with ongoing emotional distress. This conclusion appears consistent with the data extracted from the Semantic Differential Scale.

The Down-Up Feeling Scale

Seven items comprised this scale with students asked to rate each item on a seven point continuum ranging from down to up. (See pages 14-17 inclusive of statistical report.) Respective cumulative percentages at levels of four or below were: family life (33%), peer relations (25%), school (32%), opposite sex (24%), family finances (39%), the future (21%) and social life (22).

Two clusters emerged from a Verimax Factor Rotation. One, with its respective loadings, consisted of family life (.81), school (.67), family finances (.71), and the future (.59). The mean correlation among the items was .37 with a an internal consistency Alpha of .70.

The second factor consisted of peer relations (.57), opposite sex (.85) and social life (.82). The mean correlation for these items was .43 but the low number of items produced an Alpha of only .69.

For the combined seven items the internal consistency was .78 indicating that the scale items were integrated and a good indicator of the responder's social world.

Comparisons of individual sites also showed substantial consistency. While some schools differred significantly from others, most variations appeared within the range of chance.

The most problematic area was with family finances. Not surprising given the economic stress characterizing the farm economy. Next came family relationships while school ranked third as a stress factor. Of note was that while family finances were a source of concern for many, students as a whole ranked their futures 17% higher suggesting that they were still undaunted by the family's adversity. In short, they apparently saw a brighter future for themselves.

The Troubled

Thirteen items constitute this section of the questionnaire. Students were asked to indicate which of the thirteen items represented a matter about which they were "troubled".

The data is summarized on Page 18 of the accompanying data

report. Cited in order of the five most significant items were: Too Much Pressure (43%), Family Fighting (30%), Personal Looks (30%), Empty Feelings (28%), and Loneliness (26%). Of some concern was that 15% indicated being troubled by suicidal impulses. Concerns about an atomic holocaust troubled 14% while 12% indicated problems with self assertion.

Some of these variables took on greater meaning when examined for their correlates with other variables. For example, lonelinesss and emptiness were associated with a broad range of variables indicative of emotional states associated with suffering. See Pages 24 and 25 of the statistical report. Empty feelings is commonly seen in personality maldevelopment and may presage later life problems. It suggests a person who is having difficulty getting in touch with his inner self with some impoverishment in interpersonal relationships.

In examining how the data was differentiated by size of school an interesting association appeared for two variables. These were family fighting and feelings of pressure. A Spearman rank order correlation of .92 was obtained between the two variables. However, this relationship became suspect when these variables correlated at only .15 when the size of school was not considered. This suggested that the size of the school might bear a relationship to both variables. This, in fact, proved to be the case. The smaller the school, the greater the amount of pressure students experienced. The obtained Pearson correlation coeficient was -.78 and -.77 for the Spearman rank order correlation. The low number of cases involved made for only a .07 level of probability, so that the possibility of a chance relationship must be considered.

However, when the relationship between size of school and family fighting was examined, a Pearson correlation of -.89 emerged, $P = .02$, while the Rank-Order correlation was -.94.

Both analyses did not include the larger trade center because its sizeable numbers obscured the linear relationships in the data. However, the relationship of size to effect holds also when the data is ranked.

The reason for the relationship of size to stress may well be worth a closer look. Students in smaller schools may well face pressures that those in larger schools do not. And it is quite possible that the smaller the communities in which families live the fewer the supports they have so that aggression turns inward toward family members. The "fishbowl" nature of small community living is well known and our data suggests that the assumed serenity of bucolic living is largely a myth for large numbers of people.

Suicide

The 15% of respondents who indicating being troubled by suicidal impulses must be of concern. Each year about 5000 young people commit suicide while an estimated 500,000 make attempts. Furthermore, much suicidal intent is masked by reckless self endangering behavior. Thus many deaths are classified as accidental, when in reality they were self imposed. After accidents and homocide, suicide is the leading cause of teen age deaths. Between 1960 and 1980 the suicide rate among adolescents more than doubled going from a rate of 5.2 per 100,000 to 12.3. One study showed that the rate of moderate to severe depression among school children to be approximately 33%.

To shed further light on this subject additional data is presented here on the results of two surveys conducted in two other schools in the same geographical region as those participating in the larger survey discussed above.

In one school 42 students completed the Despondency Assessment Inventory. The inventory was developed by the author and consists of 33 items which contain four factors: Self Regard, Tension Depression, Apathetic Depression, and Morbidity. Reliability on each of these factors was high and consistent across three populations to whom the Inventory has been administered. The morbidity scale in particular has shown a consistent reliability of over .90 on the Chronbach Test for Internal Consistency Reliability.

Twelve students (29%) achieved a morbidity score of one standard deviation above the mean. Using Morbidity as a dependent variable, three groupings of low, medium, and high scorers were compared on a one way analysis of varience using tense depression as the independent variable. Group three, the high Morbidity group, scored 40% higher than the other two groups. These differences were significant at an .01 level of probability. Related items were: "Really down", "Feel like a failure", "Inside I feel like crying", "Life has little satisfaction", "I feel a lot of emotional pain", "I feel sad", "I feel hopeless". Results, using an apathetic depression scale as the independent variable, were essentially similar.

The Despondency Assessment Inventory was also administered to a second group of 144 students. Factors of Suffering, Depression and Negativity correlated .71, .65, and .68 respectively with the Morbidity Scale, strongly supporting the relationship between depression and suicidal risk and highlighting a substantial group of vulnerable young people .

A look at the % of responses to specific items in the Morbidity Scale may be instructive. The data is shown on Page 26. Twenty percent wonder what its like to be dead, 18% think of lasting

sleep as inviting, 17% think of injuring themselves, 13% have thoughts of how they could end their lives, 10% have come close to a suicide attempt, 21% are harboring persistent resentments, and 8% state they have actually made attempts to end their lives.

How Are We to Respond?

Despite the striking amount of stress that exists in the adolescent population, the majority of teenagers appear to be relatively secure and well adjusted. That they represent a valuable resource for addressing the problems that exist among their more distressed peers should not be overlooked. Recruiting these healthy students to examine the problems of today's youth and developing interventions in which they can participate may well be the most effective and least costly means of dealing with contemporary teen age stress.

There are several reasons for such an approach. For one, few distressed adolescents will find their way into the Mental Health System. Even when distressed teenagers are identified their parents are not likely to concur that a problem exists that merits the time and expense of professional services. In addition, adolescents are more inclined to confide in peers than in adults. Peer support can be a valuable source of affirmation for struggling adolescents and, thereby, can help to diminish the loneliness and isolation that many adolescents experience.

Still another approach to teen age distress needs to take account of the extensive literature on the cognitive aspects of depression that are emerging out of contemporary research. Depressed people tend to confront life situations with distinct cognitive styles that constitute faulty, illogical thinking. Such patterns can be didactically addressed in the regular classroom where students can gain knowledge and skill in developing and maintaining realistic patterns of cognition.

It should be noted that self esteem showed a strong relationship to the ability to manage one's inner life and emotions. To the extent that students can master rather than be mastered by their inner states, will their sense of well being and personal competence be enhanced. And as a consequence, they are likely to be far more competent as students, better able to concentrate, approach challenge with the optimism that they can succeed, have energy available to direct into learning, and enjoy more satisfying interpersonal relationships.

One characteristic of depressed youth is their tendency to feel helpless and to view what happens to them as externally determined. They feel they have little control over their lives and thus lack assertive skills and the motivation to develop them. Teaching students how to communicate in constructive ways is thus more than affective education. It is imparting to

students some vital skills for getting along in the world and for achieving success not only in the market place but in their families as well.

Most people are not good communicators. Poor communication is perhaps the most often cited problems that families present when they come for counseling or for marriage enrichment programs. There is no pragmatic reason why communication skill should not be as primary an academic area as any other basic skill that goes into the making of an educated person. The goal of fostering healthy self assertion in students is not a frill. Rather it is a must given the heterogenity and complexity of modern life.

This of course puts a special responsibility on the school systems. But Mental Health Centers also bear a responsibility to provide support, consultation, and collaboration. Community agencies, helpers and citizenry should also be involved.

Finally, an important point needs to be stressed. Attention to the needs of distressed adolescents cannot be set aside with the argument that money is in short supply and, therefore, we must attend only to the more severely mentally impaired, most notably those children with psychiatric diagnoses that place them in the category of chronicity.

Depressed children are in just as much acute pain and undergoing much suffering. Are they to be disgarded because they are not disrupting their environment or calling attention to themselves with markedly idiosyncratic behavior?

It should also be clear that mental health delivery systems must go far beyond clinical approaches to broad social problems. This expanded orientation was clearly an integral part of the mandates required of centers to receive federal funds. Yet such an orientation has been largely downplayed in the state although it is particularly vital in rural areas where clinical services are difficult to access, and sustain. The battle between advocates for a strictly clinical vs. a balanced mental health delivery orientation with a public health component, was long fought in the deliberations of the National Institute of Mental Health. Validation was ultimately given to a public health orientation when congress made grants available for Consultation and Education activities. In my opinion, Nebraska has moved backward toward more parochial stratagies. It is heartening to observe that this trend is now in the process of reversal.

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SAMPLE CHARACTERISTICS

SCHOOL SIZES	GENDER	CLASS	N	%
A: 54	MALES: 745	FRESHMAN	373	24.90
B: 95	FEMALES: 748	SOPHOMORE	381	25.50
C: 122	UNIDENT: 10	JUNIOR	408	27.30
D: 82		SENIOR	335	22.40
E: 90				
F: 111				
G: 949	MEAN AGE:	16.17		
TOT: 1503	STD DEV:	1.22		
	SKEW:	-.03		
	KURTOSIS:	-.28		

FOR EACH PAIR OF ITEMS PLEASE CIRCLE THE NUMBER THAT COMES CLOSEST TO INDICATING HOW YOU EXPERIENCE YOURSELF NOW. THE IDEA IS TO CONVEY THE KIND OF AWARENESS YOU HAVE OF YOURSELF. RESPOND QUICKLY. IT IS ADVISABLE TO GIVE YOUR MOST IMMEDIATE RESPONSE RATHER THAN DWELL ON ANY PARTICULAR ITEM.

1.	FEARFUL	1	2	3	4	5	6	7	SECURE
2.	WEAK	1	2	3	4	5	6	7	STRONG
3.	HOPELESS	1	2	3	4	5	6	7	HOPEFUL
4.	TENSE	1	2	3	4	5	6	7	RELAXED
5.	UNHAPPY	1	2	3	4	5	6	7	PLEASED
6.	PASSIVE	1	2	3	4	5	6	7	ACTIVE
7.	SOUR	1	2	3	4	5	6	7	SWEET
8.	FRUSTRATED	1	2	3	4	5	6	7	SATISFIED
9.	ISOLATED	1	2	3	4	5	6	7	CONNECTED
10.	SUFFERING	1	2	3	4	5	6	7	COMFORTABLE
11.	UNSURE	1	2	3	4	5	6	7	CONFIDENT
12.	CONFUSED	1	2	3	4	5	6	7	CLEAR
13.	DOWN	1	2	3	4	5	6	7	UP
14.	DIVIDED	1	2	3	4	5	6	7	TOGETHER

NA = NOT APPLICABLE Y = YES N = NO

21. DO YOU DRINK ALCOHOL? YES __ NO __

22. IF YES--- HOW MANY DRINKS PER WEEK DO YOU HAVE? ___

23. IF YOU GET HIGH--HOW MANY TIMES PER MONTH? ___

24. DO YOU EXPERIMENT WITH DRUGS? YES __ NO __

25. IF YES--HOW OFTEN? DAILY __ WEEKLY __ MONTHLY __ LESS __

HOW WOULD YOU RATE YOUR FEELINGS ON EACH OF THE FOLLOWING?

26. YOUR FAMILY LIFE: DOWN 1 2 3 4 5 6 7 UP

27. PEER RELATIONSHIPS: DOWN 1 2 3 4 5 6 7 UP

28. SCHOOL EXPERIENCE: DOWN 1 2 3 4 5 6 7 UP

29. OPPOSITE SEX: DOWN 1 2 3 4 5 6 7 UP

30. FAMILY FINANCES: DOWN 1 2 3 4 5 6 7 UP

31. YOUR FUTURE SUCCESS: DOWN 1 2 3 4 5 6 7 UP

32. YOUR SOCIAL LIFE: DOWN 1 2 3 4 5 6 7 UP

15. IN GENERAL, HOW WELL OR HOW POORLY DO YOU FEEL YOU ARE MANAGING YOUR LIFE?

VERY POORLY 1 2 3 4 5 6 7 VERY WELL

16. IN GENERAL, HOW WELL OR HOW POORLY DO YOU FEEL YOU ARE MANAGING YOUR THOUGHTS AND FEELINGS?

VERY POORLY 1 2 3 4 5 6 7 VERY WELL

17. IN GENERAL, HOW GOOD OR HOW BAD DO YOU FEEL PHYSICALLY?

VERY BAD 1 2 3 4 5 6 7 VERY GOOD

18. IN GENERAL, HOW HARD OR HOW EASY IS IT TO SHARE YOUR THOUGHTS, FEELINGS, AND WAYS WITH OTHERS?

VERY HARD 1 2 3 4 5 6 7 VERY EASY

19. IN GENERAL, HOW WOULD YOU RATE YOUR SELF ESTEEM?

LOW 1 2 3 4 5 6 7 HIGH

20. IN GENERAL, HOW HARD OR EASY IS IT TO LET GO AND HAVE FUN?

VERY HARD 1 2 3 4 5 6 7 VERY EASY

AGE? ___

MALE __ FEMALE __

CLASS?

FRESHMAN __

SOPHOMORE __

JUNIOR __

SENIOR __

WHICH OF THE FOLLOWING TROUBLE YOU? PLEASE CIRCLE ALL THAT APPLY.

33.SUICIDAL INCLINATIONS 34.FAMILY DRINKING 35.FAMILY FIGHTING 36.GUILT OVER SEX 37.LONELINESS 38.ATOMIC HOLOCAUST

39.NOT BEING LOVED 40.NO REAL FRIENDS 41.TOO MUCH PRESSURE 42.SAYING NO 43.MY LOOKS 44.FAMILY FARM 45.EMPTY FEELINGS

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SOUTH CENTRAL COMMUNITY MENTAL HEALTH CENTER

ADMINISTRATIVE SERVICES

P.O. Box 1715
Kearney, NE 68848

The purpose of the questions on the reverse side is to obtain your help in gaining an indepth view of how young people today feel about themselves, their stresses, and frustrations, as well as how they cope with the availability of mood altering substances.

By giving us information about yourself that we can combine with the information we get from other students, you will be making an important contribution to new knowledge. Such knowledge can be of value in planning approaches to the needs of today's youth.

While some of the questions are very personal, you are responding anonymously. Therefore, DO NOT PUT YOUR NAME ON THE QUESTIONNAIRE. All answers will be grouped with those of other students and remain absolutely confidential. So please be as open as possible about the things that bother you.

All participation in this research is strictly voluntary. You are free to decline to participate without any negative consequences other than your personal experiences and viewpoints will not be available. We will very much appreciate your willingness to be a part of this project and want to extend our sincere thanks for whatever assistance you are willing to give.

SELF DESCRIPTION INVENTORY

In proceeding please make sure you answer all questions. There are 45 items that will take about five minutes to complete. Also at the bottom right side of the page are 3 items that ask for general information that will enable us to sort data unto groups. Please attend to these three items first so that you will not overlook them. Also note the items at the bottom of the page as they may easily be overlooked. Again, thank you for your help.

SELF REPORTED ADOLESCENT DRINKING BEHAVIOR

	N	%
DRINKERS	884	58.80
NON-DRINKERS	601	40.00
NO DATA	18	1.20
TOTAL	1,503	100.00

AMOUNT OF WEEKLY DRINKING (N = 884)

	N	%	% OF TOT.
UNDER 3	441	50	29
3-6	219	25	15
7-10	81	9	5
OVER 10	143	16	10

SELF REPORTED ADOLESCENT DRUG TAKING

	N	%
USERS	156	10
NON USERS	1,292	86
NO DATA	55	4

FREQUENCY OF USE

	N	%	% OF TOTAL
DAILY	35	22	2.3
WEEKLY	33	21	2.2
MONTHLY	73	46	4.8
LESS	18	11	1.2
TOTAL	159	100	10.5

TEEN AGE DRINKING AND DRUGING BY SITE AND PERCENT

N	TOTAL	1	2	3	4	5	6	7
Observ	1,492.00	53.00	94.00	118.00	82.00	90.00	110.00	940.00
Drinking %	59.20	43.40	44.70	53.40	57.30	32.20	50.00	67.10
Amt/wk	6.15	1.77	3.04	7.17	2.40	5.56	3.57	6.20
Observ	1,448.00	53.00	89.00	112.00	.82	85.00	103.00	924.00
Drug Use %	10.80	1.90	2.20	2.70	2.40	5.30	5.80	14.90

CORRELATES OF DRINKING BEHAVIOR

ITEM	PEARSON r
FEAR	.17
WEAK	.15
HOPELESS	.24
UNHAPPY	.15
PASSIVE	.21
SOUR	.19
FRUSTRATED	.15
ISOLATED	.15
SUFFERING	.19
UNSURE	.16
CONFUSED	.15
DOWN	.18
DIVIDED	.21
FAMILY LIFE	-.15
SCHOOL	-.17
OPPOSITE SEX	-.18
SOCIAL LIFE	-.16

PERSONALITY CHARACTERISTICS: SELF PERCEPTIONS
MEANS AND STANDARD DEVIATIONS

ITEM	MEAN	STD DEV
FEARFUL-SECURE	5.10	1.19
WEAK-STRONG	5.24	1.12
HOPELESS/HOPEFUL	5.44	1.20
TENSE-RELAXED	4.45	1.54
UNHAPPY-PLEASED	4.99	1.33
PASSIVE-ACTIVE	5.44	1.30
SOUR-SWEET	5.19	1.14
FRUSTRATED-SATISFIED	4.64	1.43
ISOLATED-CONNECTED	4.98	1.41
SUFFERING-COMFORTABLE	5.30	1.30
UNSURE-CONFIDENT	5.03	1.38
CONFUSED-CLEAR	4.83	1.44
DOWN-UP	5.22	1.38
DIVIDED-TOGETHER	5.26	1.36

FACTOR LOADINGS ON SEMANTIC DIFFERENTIAL SCALES

		FACTOR I	FACTOR II
1.	FEARFUL		.58
2.	WEAK		.79
3.	HOPELESS		.56
4.	TENSE	.67	
5.	UNHAPPY	.75	
6.	PASSIVE		.71
7.	SOUR		.45
8.	FRUSTRATED	.74	
9.	ISOLATED	.55	
10.	SUFFERING	.74	
11.	UNSURE	.63	
12.	CONFUSED	.75	
13.	DOWN	.72	
14	DIVIDED	.66	
	ALPHA	.91	.75
	MEAN r	.53	.37

Disphoria Dysthymia

PERSONALITY CHARACTERISTICS: SELF PERCEPTIONS
CUMULATIVE PERCENTAGES

ITEM	1	2	3	4	5	6	7
FEARFUL-SECURE	1	3	9	28	59	90	100
WEAK-STRONG	1	2	7	23	54	89	100
HOPELESS/HOPEFUL	1	3	6	17	46	82	100
TENSE-RELAXED	4	12	25	49	73	91	100
UNHAPPY-PLEASED	2	5	12	33	59	89	100
PASSIVE-ACTIVE	1	3	8	23	46	76	100
SOUR-SWEET	1	2	6	25	58	88	100
FRUSTRATED-SATISFIED	4	8	18	43	71	92	100
ISOLATED-CONNECTED	2	6	4	33	60	88	100
SUFFERING-COMFORTABLE	1	4	9	23	50	84	100
UNSURE-CONFIDENT	2	5	14	31	58	87	100
CONFUSED-CLEAR	4	7	16	36	65	90	100
DOWN-UP	2	5	11	26	51	84	100
DIVIDED-TOGETHER	2	5	10	25	49	83	100

RESULTS OF HIGH SCHOOL STUDENT SURVEY: N-1503
SITES BY MEANS (TOP) AND STANDARD DEVIATIONS (BOTTOM)

ITEM	TOTAL	1	2	3	4	5	6	7	8
NUMBER	1,503	54	95	122	82	90	111	948	
FEARFUL	5.10	5.02	4.87	5.18	5.24	5.36	5.33	5.05	
--SECURE	1.20	1.22	1.31	1.16	1.16	1.15	1.04	1.20	
WEAK	5.24	5.26	5.16	5.30	5.22	5.32	5.30	5.22	
--STRONG	1.12	1.23	1.12	.94	1.01	1.10	1.13	1.14	
HOPELESS	5.44	5.24	5.53	5.49	5.24	5.66	5.54	5.43	
--HOPEFUL	1.20	1.12	1.23	1.09	1.28	1.22	1.28	1.20	
TENSE	4.45	4.26	4.33	4.49	4.48	4.84	4.62	4.41	
--RELAXED	1.55	1.51	1.63	1.46	1.15	1.39	1.45	1.57	
UNHAPPY	4.99	4.82	5.07	5.07	4.83	5.12	5.29	4.95	
--PLEASED	1.32	1.26	1.29	1.18	1.46	1.26	1.22	1.35	
PASSIVE	5.45	5.72	5.54	5.50	5.41	5.66	5.69	5.37	
--ACTIVE	1.31	1.27	1.17	1.23	1.47	1.29	1.13	1.32	
SOUR	5.19	5.11	5.36	5.15	4.93	5.09	5.36	5.20	
--SWEET	1.16	1.11	1.06	1.12	1.22	1.09	1.11	1.14	
FRUSTRATED	4.64	4.60	5.58	4.76	4.57	4.70	4.93	4.60	
--SATISFIED	1.43	1.46	1.45	1.38	1.54	1.42	1.31	1.45	
ISOLATED	4.98	5.19	4.82	5.10	4.80	5.04	5.28	4.94	
--CONNECTED	1.39	1.33	1.40	1.25	1.38	1.48	1.32	1.45	
SUFFERING	5.30	5.24	5.11	5.48	5.26	5.36	5.57	5.26	
--COMFORTAB	1.28	1.18	1.51	1.21	1.32	1.28	1.22	1.29	
UNSURE	5.03	5.04	4.98	5.06	4.93	5.17	5.11	5.02	
--CONFIDENT	1.39	1.23	1.36	1.15	1.42	1.48	1.31	1.42	
CONFUSED	4.83	5.11	4.77	5.01	4.64	4.98	4.90	4.79	
--CLEAR	1.43	1.10	1.36	1.30	1.64	1.43	1.45	1.45	
DOWN	5.22	5.07	5.30	5.34	5.06	5.24	5.32	5.21	
--UP	1.39	1.59	1.35	1.22	1.49	1.28	1.39	1.38	
DIVIDED	5.26	5.22	5.19	5.49	5.05	5.27	5.36	5.29	
--TOGETHER	1.35	1.38	1.41	1.38	1.35	1.41	1.30	1.35	
SCALE MEAN	5.07	5.06	5.12	5.17	4.98	5.20	5.26	5.05	
MEAN SD	1.32	1.28	1.33	1.21	1.35	1.30	1.26	1.34	
SCALE INDEX	.72	.72	.73	.74	.71	.74	.75	.72	

FACTOR LOADINGS ON GENERAL LIFE ADJUSTMENT

	FACTOR I
15. MANAGING LIFE	.79
16. MANAGING THOUGHTS/FEELINGS	.80
17. PHYSICAL STATE	.66
18. SHARING THOUGHTS/FEELINGS/WANTS	.57
19. SELF ESTEEM	.77
20. ABILITY TO HAVE FUN	.44
ALPHA	.76
ALPHA WITHOUT ITEM 20	.80

SELF PERCEPTION OF GENERAL ADAPTATION: CUMULATIVE PERCENTAGES

ITEM	1	2	3	4	5	6	7
MANAGING LIFE	1	3	7	24	57	90	100
MANAGING THOUGHTS/FEEL	1	4	12	30	60	90	100
FEEL PHYSICALLY	1	3	8	20	43	77	100
SHARE THOUGHTS/FEELING	6	14	28	47	67	88	100
SELF ESTEEM	2	5	12	32	62	90	100
HAVE FUN	2	3	7	15	30	56	100

DATA FOR SEVEN SITES: ITEMS 15 - 20
MEANS AND STANDARD DEVIATIONS

ITEM NUMBER	TOTAL 1,503	1 54	2 95	3 122	4 82	5 90	6 111	7 948
15. MANAGING LIFE	5.19	5.15	5.16	5.20	5.20	5.31	5.30	5.17
	1.16	1.12	1.27	1.12	1.28	1.06	1.03	1.12
16. MANAGING THOUGHTS	5.03	4.87	5.02	5.14	4.92	4.99	5.09	5.03
	1.28	1.33	1.27	1.19	1.30	1.27	1.21	1.32
17. FEEL PHYSICALLY	5.49	5.44	5.52	5.64	5.65	5.59	5.63	5.43
	1.32	1.41	1.27	1.11	1.11	1.16	1.23	1.35
18. SHARE THOUGHTS	4.48	4.11	4.46	4.42	4.45	4.15	4.56	4.54
	1.71	1.74	1.80	1.79	1.53	1.68	1.64	1.72
19. SELF ESTEEM	4.98	4.89	5.12	5.00	4.89	4.96	5.01	4.98
	1.32	1.41	1.20	1.31	1.42	1.19	1.23	1.35
20. EASY TO LET GO	5.86	5.93	5.79	5.89	5.95	5.83	6.28	5.82
	1.36	1.41	1.37	1.48	1.21	1.48	1.16	1.39

TEEN AGER RATINGS OF UP-DOWN FEELINGS IN SELECTED AREAS BY PERCENT
N-1500

	RATINGS BY PERCENT						
SPECIFIC AREAS	1	2	3	4	5	6	7
FAMILY LIFE	5	5	8	14	22	27	19
PEER RELATIONS	2	3	5	15	25	33	14
SCHOOL	4	3	7	18	25	30	11
OPPOSITE SEX	3	4	6	12	18	26	31
FINANCES	4	6	10	19	27	23	9
FUTURE	1	2	4	13	22	34	22
SOCIAL LIFE	2	3	5	12	21	33	22

TEEN AGER RATINGS OF UP-DOWN FEELINGS IN SELECTED AREAS BY PERCENT
N=1500

	RATINGS BY CUMULATIVE PERCENTAGES						
SPECIFIC AREAS	1	2	3	4	5	6	7
FAMILY LIFE	5	10	18	33	56	83	100
PEER RELATIONS	2	5	9	25	51	85	100
SCHOOL	4	7	15	32	58	89	100
OPPOSITE SEX	3	7	12	24	42	69	100
FAMILY FINANCES	4	10	20	39	67	91	100
FUTURE	1	3	7	21	43	78	100
SOCIAL LIFE	2	5	10	22	44	77	100

FACTOR LOADINGS ON FEELING VARIABLES

	FACTOR 1	FACTOR 2
FAMILY LIFE	.81	
PEER RELATIONS		.57
SCHOOL	.67	
OPPOSITE SEX		.85
FINANCES	.71	
FUTURE	.59	
SOCIAL LIFE		.82
ALPHA	.70	.69
MEAN r	.37	.43

ALPHA FOR TOTAL ITEMS = .78

HOW STUDENTS RATE ASPECTS OF THEIR DAILY LIVES
BY SITE, MEAN, AND STANDARD ERROR

N		1,503	54	94	115	82	88	111	948
Fam Life	M	4.91	4.83	5.02	5.25	4.87	5.06	5.19	4.89
	SE	.03	.19	1.22	.13	.15	.13	.13	.04
Peer Rela	M	5.24	5.07	5.21	5.10	4.98	5.06	5.25	5.31
	SE	.03	.19	1.22	.13	.15	.13	.13	.04
School	M	4.95	5.02	4.69	5.11	4.76	5.00	5.37	4.90
	SE	.04	.14	.17	.12	.16	.16	.12	.05
Opp Sex	M	5.44	5.34	5.46	5.27	5.48	5.21	5.47	5.48
	SE	.04	.20	.16	.14	.17	.17	.16	.05
Finances	M	4.68	4.15	4.70	4.53	4.34	4.51	4.79	4.76
	SE	.04	.20	.16	.14	.16	.16	.14	.05
Future	M	5.47	5.28	5.50	5.55	5.45	5.36	5.47	5.48
	SE	.03	.18	.12	.13	.16	.13	.11	.04

AREAS OR WORRY CITED BY TEENAGE
N-1500

WORRY	%
SUICIDE	15**********
FAMILY DRINKING	8********
FAMILY FIGHTING	30******************************
SEX GUILT	11**********
LONELINESS	26*************************
ATOMIC HOLOCAUST	14************
NOT LOVED	16**************
NO REAL FRIENDS	18****************
TOO MUCH PRESSURE	43**
SAYING NO	12***********
PERSONAL LOOKS	30******************************
FAMILY FARM	7*******
EMPTY FEELINGS	28***************************

1 WORRIES CITED BY RURAL HIGH SCHOOL STUDENTS BY LOCATION AND PERCENT

ITEM	N	SITE BY % TOTAL	1	2	3	4	5	6	7
		1503	54	95	122	82	90	111	949
SUICIDAL IMPULES		14.9	11.1	9.5	9.8	12.2	5.6	16.2	17.3
FAMILY DRINKING		8.1	13.0	9.5	6.6	4.9	6.7	11.7	7.8
FAMILY FIGHTING		30.3	37.0	33.7	20.5	35.4	27.8	23.4	31.5
SEX GUILT		10.9	9.3	12.6	5.7	7.3	8.9	8.1	12.3
LONELINESS		25.5	22.2	32.6	29.5	22.2	22.2	20.7	25.6
ATOMIC HOLOCAUST		13.8	11.1	9.5	10.7	23.2	5.3	10.8	15.3
NOT LOVED		16.2	14.8	13.7	13.9	17.1	12.2	10.8	17.7
NO REAL FRIENDS		18.4	20.4	29.5	23.0	23.2	16.7	9.0	17.5
TOO MUCH PRESSURE		43.4	50.0	45.3	32.8	54.9	42.2	42.3	43.5
SAYING NO		11.7	00.0	18.9	11.5	15.9	11.1	10.8	11.5
MY LOOKS		29.5	38.9	26.3	27.0	34.1	23.3	30.6	29.6
FAMILY FARM		7.1	22.2	13.7	11.5	13.4	14.4	7.2	3.7
EMPTY FEELINGS		28.4	25.9	29.5	21.3	30.5	26.7	18.9	30.5

THE SITE SPECIFIC RELATIONSHIP BETWEEN FAMILY FIGHTING AND THE EXPERIENCE OF "TOO MUCH PRESSURE" AMONG ADOLESCENTS BY PERCENT OF RESPONSDENTS.

SITE	N	FAMILY FIGHTING	TOO MUCH PRESSURE
	100%	%	%
TOTAL	1503	30.3	43.4
1	54 (1)	37.0 (7)	50.0 (6)
2	95 (4)	33.7 (5)	45.3 (5)
3	122 (6)	20.5 (1)	32.8 (1)
4	82 (2)	35.4 (6)	54.9 (7)
5	90 (3)	27.8 (3)	42.2 (2)
6	111 (5)	23.4 (2)	42.3 (3)
7	949 (7)	31.5 (4)	43.5 (4)

( ) NUMBERS IN PARENTHESIS REPRESENT RANKS

SPEARMAN RANK-ORDER CORRELATION COEFFICIENTS

FIGHTING WITH PRESSURE	.929
N RESPONDENTS WITH FIGHTING	-.714
N RESPONDENTS WITH PRESSURE	-.607

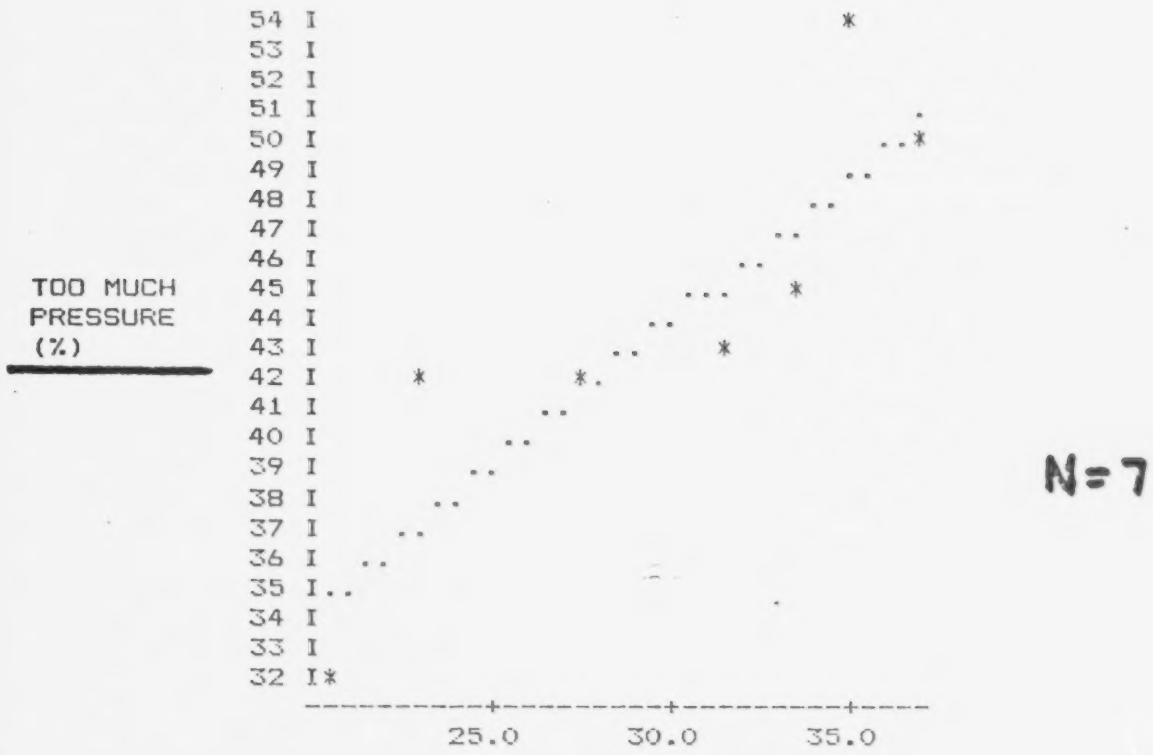
PEARSON PRODUCT-MOMENT CORRELATIONS

FIGHTING WITH PRESSURE	.887	p = .01
*N RESPONDENTS WITH FIGHTING	-.888	p = .02
*N RESPONDENTS WITH PRESSURE	-.779	p = .07

* Site 7, as an outlier, was omitted in the analysis

SIZE OF SAMPLE, FAMILY FIGHTING AND TOO MUCH PRESSURE

5



Mean of X = 29.900	Correlation coefficient = 0.878	Valid cases = 7
S.D. of X = 6.227	Degrees of freedom = 5	Missing cases = 0
Mean of Y = 44.429	Slope of regression line = 0.975	Response % = 100
S.D. of Y = 6.917	Y intercept = 15.284	

Regression equation : Y' = 0.975 X + 15.284
Standard error of estimate for regression = 3.632
t statistic for correlation coefficient = 4.093
Significance of correlation coefficient = 0.010

Spearman's rank-order correlation coefficient = 0.929

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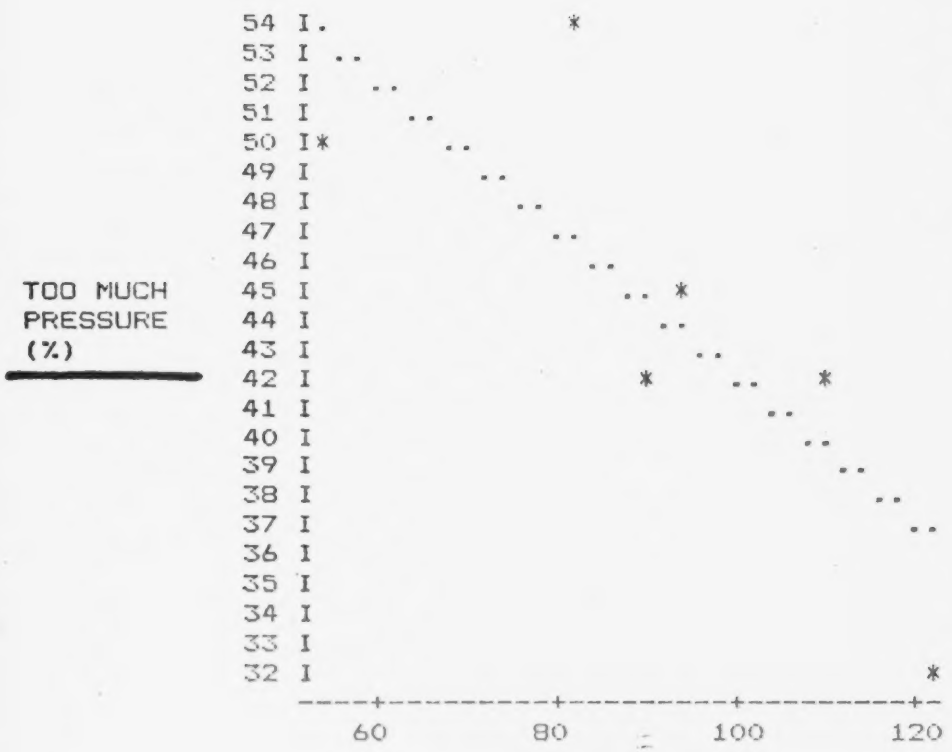
5.



N=6

Mean of X = 92.333	Correlation coefficient =-0.779	Valid cases = 6
S.D. of X = 23.737	Degrees of freedom = 4	Missing cases = 0
Mean of Y = 44.583	Slope of regression line =-0.248	Response % = 100
S.D. of Y = 7.563	Y intercept = 67.491	

Regression equation : Y' =-0.248 X + 67.491
Standard error of estimate for regression = 5.306
t statistic for correlation coefficient = 2.482
Significance of correlation coefficient = 0.068

Spearman's rank-order correlation coefficient =-0.771

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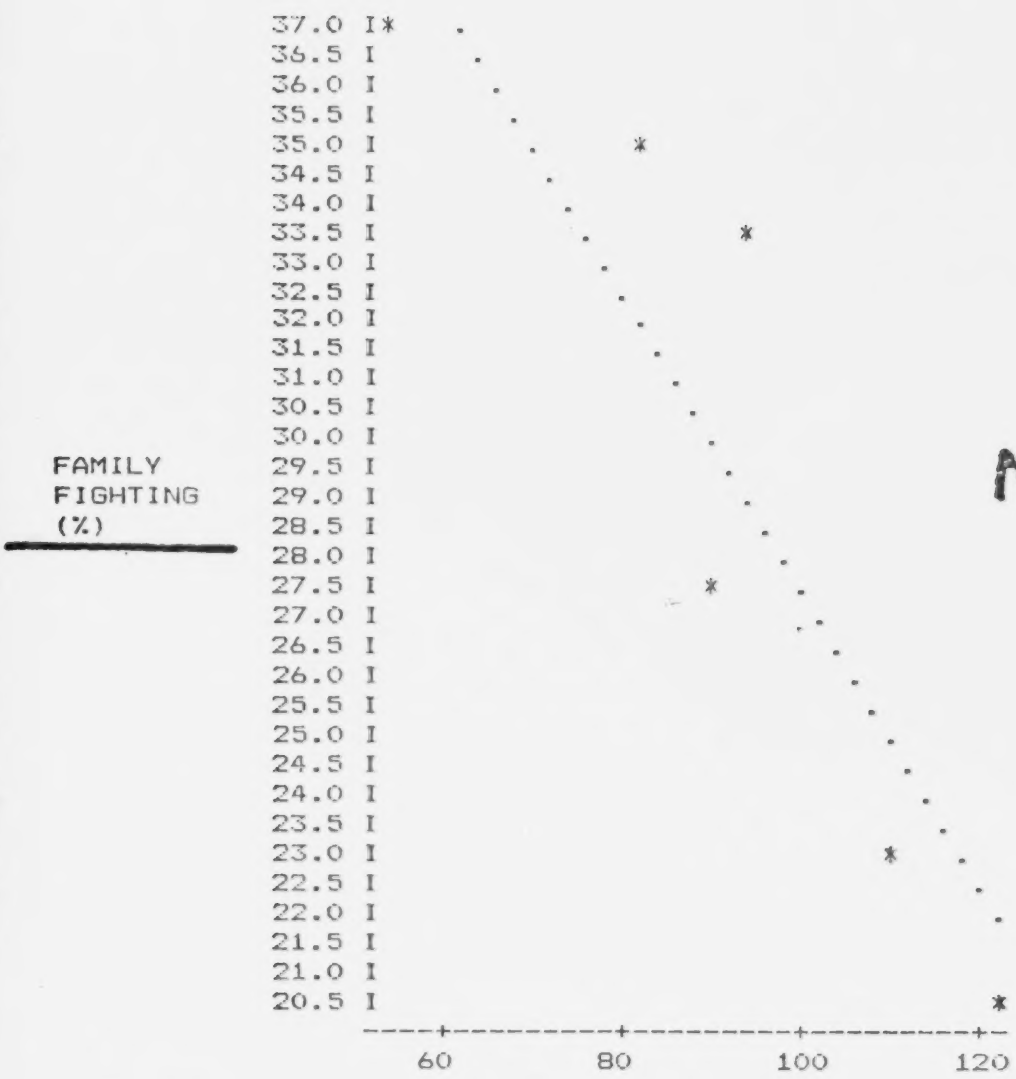
SIZE OF SAMPLE, FAMILY FIGHTING AND TOO MUCH PRESSURE

5



Mean of X = 92.333
S.D. of X = 23.737
Mean of Y = 29.633
S.D. of Y = 6.778

Correlation coefficient =-0.898
Degrees of freedom = 4
Slope of regression line =-0.253
Y intercept = 53.039

Valid cases = 6
Missing cases = 0
Response % = 100

Regression equation : Y' =-0.253 X + 53.039
Standard error of estimate for regression = 3.488
t statistic for correlation coefficient = 3.858
Significance of correlation coefficient = 0.019

Spearman's rank-order correlation coefficient =-0.943

****

SIZE OF SAMPLE, FAMILY FIGHTING AND TOO MUCH PRESSURE

CORRELATES OF LONELINESS

FEAR	.21	PASSIVE	.17
WEAK	.16	FRUSTRATED	.21
TENSE	.16	ISOLATED	.27
HOPELESS	.16	SUFFERING	.22
UNHAPPY	.24	UNSURE	.24
CONFUSED	.19	DOWN	.24
DIVIDED	.22	SUICIDAL IMPULSES	.20
FAM. FIGHTING	.18	UNLOVED	.37
EMPTINESS	.37	NO REAL FRIENDS	.30

MANAGEMENT OF LIFE	-.20
MANAGEMENT OF THOUGHTS/ FEELINGS	-.19
SELF ESTEEM	-.22
FAMILY LIFE	-.18
PEER RELATIONSHIPS	-.19
OPPOSITE SEX	-.15
SOCIAL LIFE	-.21

CORRELATES OF EMPTINESS

FEAR	.25	FRUSTRATED	.23
WEAK	.18	ISOLATED	.21
TENSE	.18	SUFFERING	.23
UNHAPPY	.18	UNSURE	.29
PASSIVE	.24	CONFUSED	.27
DOWN	.27	DIVIDED	.24
SUICIDAL IMPULES	.26	FAMILY FIGHTING	.17
SEX GUILT	.17	LONELINESS	.37
UNLOVED	.30	NO REAL FRIENDS	.24
TOO MUCH PRESSURE	.16	LOOKS	.19

MANAGEMENT OF LIFE	-.24
MANAGEMENT OF THOUGHTS/FEELINGS	-.28
PHYSICAL STATUS	-.16
SELF ESTEEM	-.25
FAMILY LIFE	-.23
PEER RELATIONSHIPS	-.19
OPPOSITE SEX	-.15
FINANCES	-.17
FUTURE	-.19
SOCIAL LIFE	-.17

RESPONSES OF RURAL ADOLESCENTS ON MORBIDITY SCALE ITEMS
N=144

ITEMS	N	%
1. I WONDER WHAT ITS LIKE TO BE DEAD	29	20
2. LASTING SLEEP SEEMS INVITING	26	18
3. I HAVE THOUGHTS OF DOING INJURY TO MYSELF	24	17
4. I'VE THOUGHT OF HOW I COULD END MY LIFE.	19	13
5. I HAVE COME CLOSE TO A SUICIDE ATTEMPT	15	10
6. IT'S HARD TO FORGIVE THE HURTS I'VE EXPERIENCED.	31	21
7. I HAVE MADE ATTEMPTS TO END MY LIFE.	11	8

BEST COPY AVAILABLE